

# 2007 INDIVIDUAL DECLARATION OF ESTIMATED INCOME TAX



FOR OFFICIAL USE ONLY

FOR CALENDAR YEAR 2007 OR \_\_\_\_\_ MONTHS ENDING \_\_\_\_\_ 20\_\_\_\_

A legally filed declaration must be signed, dated and accompanied by payment. The safest and easiest way to declare is to estimate this year's taxes based on last year's taxable income. **Mail To: Cincinnati Income Tax Division, 805 Central Avenue Suite 600, Cincinnati, OH 45202-5756**, by **APRIL 16, 2007** or by the 15<sup>th</sup> day of the 4<sup>th</sup> month after the tax year begins.

Account #

Primary Social Security #

Spouse's Social Security #

Name(s)

Address

City/State/Zip

*Please make corrections as necessary if your account information is preprinted above.*

## TAX DECLARATION

1. Total Estimated Income Subject to Tax.....
2. Cincinnati Income Tax Declared (Multiply Line 1 by 2.1% [.021]).....
3. Estimated Taxes Withheld from Wages.....
4. Tax Due after Withholding (Line 2 less Line 3).....
5. Declaration Due (25% of Line 4 if making installment payments).....
6. Overpayment Credits from Previous Years.....
7. First Quarter Payment Amount Due.....

The undersigned declares this to be a true, correct and complete Declaration of Estimated Cincinnati Income Tax for the year 2007.

SIGNATURE

SPOUSE'S SIGNATURE

DATE

## INSTRUCTIONS

- Line 1.** Base your estimated income on the amount subject to tax in the preceding full year, or by annualizing income if the preceding tax year was not for a full 12-month period. Although you have the option to pay only 90% of the estimated annual tax liability in four quarterly installments, use of this option will subject you to the possibility of an interest and penalty assessment if the installment payments total less than 90 percent of the ultimate tax liability.
- Line 2.** Compute your total estimated tax liability for 2007 by multiplying the amount on Line 1 by 2.1%. Enter the total on this line.
- Line 3.** Enter the estimated amount of Cincinnati and other allowable municipal taxes to be withheld from your wages by your employer.
- Line 4.** Enter the total of Line 2 minus Line 3. Payment of this amount less overpayment credits listed on Line 6 will satisfy your annual estimated payment requirement.
- Line 5.** If you elect to make quarterly installment payments, divide Line 4 by 4 to determine your quarterly tax liability.
- Line 6.** Enter the amount of tax you overpaid on last year's tax return that was not refunded to you.
- Line 7.** Enter the total of Line 5 minus Line 6. This is the amount of net estimated tax due by April 16, 2007. Three additional payments are due according to the payment schedule below. Subsequent payments are equal to the total estimated tax on Line 4 divided by 4 less any overpayment still available from prior years. Failure to remit timely payments may result in the assessment of interest and penalties.

## PAYMENT SCHEDULE FOR CALENDAR YEAR FILERS

APRIL 16, 2007  
FILE DECLARATION  
WITH 1/4 PAYMENT.

JULY 31, 2007  
MAKE 2<sup>ND</sup> QUARTERLY  
PAYMENT.

OCT. 31, 2007  
MAKE 3<sup>RD</sup> QUARTERLY  
PAYMENT.

JAN. 31, 2008  
MAKE 4<sup>TH</sup> QUARTERLY  
PAYMENT.

APRIL 15, 2008  
FILE RETURN. PAY  
ANY BALANCE DUE.

- By the 15<sup>th</sup> day of the 4<sup>th</sup> month after beginning a new business or taking a new job, everyone whose entire tax liability will not be withheld by an employer must file a Declaration.
- We will not bill you for the remaining quarterly installments. Please retain a copy of this form for future reference.
- If you need additional information, please contact us at (513) 352-2546.

**D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX**

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CINCINNATI INCOME TAX DIVISION  
P.O. BOX 634580  
CINCINNATI OH 45263-4580**2007**

Account #:

Federal ID #:

Social Security #:

Tax Rate: 2.1%

Quarter Ending: June 30, 2007

Due Date: July 31, 2007

Amount Paid: \$\_\_\_\_\_

**D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX**

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX DIVISION  
P.O. BOX 634580  
CINCINNATI OH 45263-4580**2007**

Account #:

Federal ID #:

Social Security #:

Tax Rate: 2.1%

Quarter Ending: September 30, 2007

Due Date: October 31, 2007

Amount Paid: \$\_\_\_\_\_

**D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX**

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CINCINNATI INCOME TAX DIVISION  
P.O. BOX 634580  
CINCINNATI OH 45263-4580**2007**

Account #:

Federal ID #:

Social Security #:

Tax Rate: 2.1%

Quarter Ending: December 31, 2007

Due Date: January 31, 2008

Amount Paid: \$\_\_\_\_\_